

Form Reset

DEPARTMENTAL REQUEST FOR STUDENT AWARDS (FORM A): HEALTH SCIENCES CENTER

This form A is to submit awards to be supported by state, Research Corp., or WVU Foundation funds for which the Financial Aid Office is not the budget officer (WVUF Budget Division does not equal FAD). Awards from WVU Foundation funds where the Budget Division does equal FAD must be submitted on Form B. The Banner Student System will charge these expenses to the department GL account. Your EBO is responsible for processing any third-party reimbursement (i.e. WVU Foundation, etc.). Note a separate form must be submitted for each WVU Fund ID. *Please attach another sheet to add more than twelve student award requests*.

FOR INTERNAL USE ONLY
Tag #:
Date processed:
//
Entered by:

Once completed, please email this form to DeptRSA@mail.wvu.edu

Se	ction 1: STUDE	ENT AWARD	REQUE	ST				
1.	The following av	vard amounts a	are being	requested for w	hich academic	year?		
Lis	t of Requested	d Student Aw	ards					
St	udent WVU ID#	First Name	M.I.	Last Name	Fall Award Amount	Spring Award Amount	Summer Award Amount	Year Total
2.	Overall total of a	all student awar	d amour	nts:				
_	OTAD/D D		- 10					
3.	STAR/Banner D	etail Code and	Fund Co	ode:				
Co	mments:							
4.	From which acc	ount will your E	BO proc	ess reimbursem	nent to the defa	ult GL string?		
	State: _							
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Section 2: PREPARER'S INFORMATION		
Signature	Printed Name	
Department	Date	
Section 3: EBO INFORMATION		
Signature	Printed Name	
Department	Date	